

Oral Hygiene

the property national publication for destina

OUR 51ST YEAR

TULY 1961

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JUN 30 1961

A West Virginia mountain stream. The West Virginia State Dental, will meet at White Sulphur Springs, July 23 to 26.

In this issue:

NOISE PROBLEMS IN DENTISTRY

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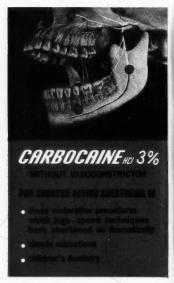
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PROFESSIONAL LITERATURE AND SAMPLES ON REQUEST.

References: 1. Berling, C. Carbocaine in local anaesthesia in the oral cavity. Odont. Revy. 9:254 1958. 2. Mumford, J. M., and Gray, T. C. Dental trial of Carbocaine. Brit. J. Anaesth. 29:210 May 1957. 3. Feldmann, G., and Nordenram, A. The anaesthetic effect of Carbocaine and lidocaine. Svenska Tand-Lidskr. 9:253 1199. 4. Sadows, M., and Wessinger, G. D. Meylovacine, a potent new local anesthetic. J. Internat. Coll. Surgeons 34:573 Nov. 1960. 5. Lock F., Vernino, D., and Sadows, M. Mepivacaine HCI (Carbocaine): a preliminary clinical study. J. Oral Surg., Anes. & Hosp. D. Serv. 1916. 5an. 1961. 6. Well, C., Welham, F. S., Sarlangello, C., and Yackel, R. F. Clinical evaluation of prevacaine hypercoloride by a new clinic form of the control of the published of J. Schwarzkopf, H. A. further advence within the field of odontological local anesthetic. New Physician 29:38 5apt. 1960.

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CONSCIENCE IN MODERN DENTISTRY

(Note: This article, written by Edward J. Ryan, DDS, Editor, Oral Hygiene and Dental Digest, appeared in the Contra-Angles department in Dental Digest recently. It provoked much favorable comment. We believe the entire dental profession will be interested in the following excerpts from this unusual message).

ANTI-INTELLECTUALISM is an attitude that deprecates original thought and expression. This attitude is widespread in the United States. Anyone who expresses an original opinion different from those that are commonly held opens himself to criticism and occasionally to abuse. There are barks of sarcasm and scorn directed to the one who dares be different: "Long hair," "egghead," "a brain," are a few of the epithets of derision.

The bearded and unbathed "beatnik" is not an anti-intellectual. He postures to be an intellect, but lacks the disciplined mind and the enterprise to be one. More often he is lazy and sometimes a neurotic.

The college graduate who has been exposed to the world of ideas and values and renounces his background is an anti-intellectual. When he sets his life interests on batting averages and stock market quotations (or in the case of women on bridge scores, the antics of their children, and marketing adventures) he is an anti-intellectual.

If one were to judge the educational background of most college graduates (including dentists, by all means) from the content and the manner of their speech and writing, little credit may be given to their educational experience. As it is "hard to tell the players without a scorecard" so it is often difficult to identify the college graduate without his diploma in hand.

There seems to be an overpowering fear among college graduates to (Continued on page 6)

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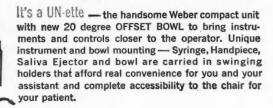
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be different from the ordinary and to allow anyone to know that they have had this advantage. In social situations most of them are satisfied to sink to the lowest denominator of conversation. "Lowness" in this context does not mean crudity or vulgarity, but banality.

Fortunately, there are exceptions, major ones, to the vogue of antiintellectualism. One bright exception was the meeting held at Dartmouth College to consider the "Great Issues of Conscience in Modern Medicine." Note well the word conscience in the title!

The word *conscience* as the theme of this conference is significant. So far as I know there has never been a dental meeting with this theme: to examine the ideals, the objectives, the long range goals—the conscience of the dental profession.

The former director general of the World Health Organization (Brock Chisholm) enlarged the definition: "Conscience for most people is simply whatever they believed when they were small children. Relatively few people, generally do undertake to help their conscience to continue to grow and develop toward maturity . . . In these new circumstances, in this kind of world around us now which never existed before, we can no longer afford to go on that way . . ."

The technical achievements of medicine and dentistry are magnificent. The next great advance is to make this knowledge, these skills, and techniques, available to more people in our own country and throughout the world. That will require social vision. Such a vision will spring from good faith and the intellect of the *ordinary* dentist and physician. It will be implemented by such agencies as the World Health Organization and the Federation Dentaire Internationale.

Probably never in the history of the world have the 3 billion present inhabitants of the earth (who will be increased to 6 billion by the end of this century) been so dependent upon the good will and conscience of the few thousand just men in the medical arts and sciences—and that includes the dental profession.

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*Sharp, G. S.:

Treatment for Low Tolerance to Dentures, J. Prosthetic Dent. 10:47 (Jan.-Feb.) 1960.

Sharp, G. S.:

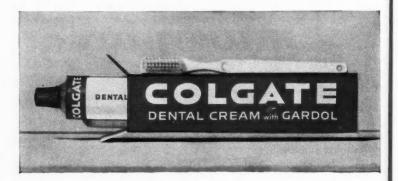
Treatment of Precancerous Oral Mucous Membranes, Oral Surg. 13:1065 (Sept.) 1960.

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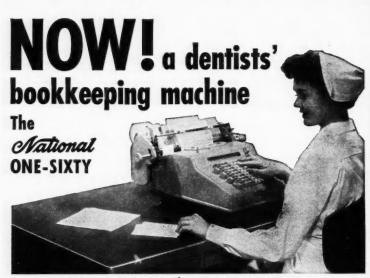
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1. Albertson, G. L.: J. Calif. State Dent. Assn. and Nevada State Dent. Soc. 33:373, 1957. 2. Strand, H. A., gt al.: J. Amer. Dent. Assn. 56:491, 1958.

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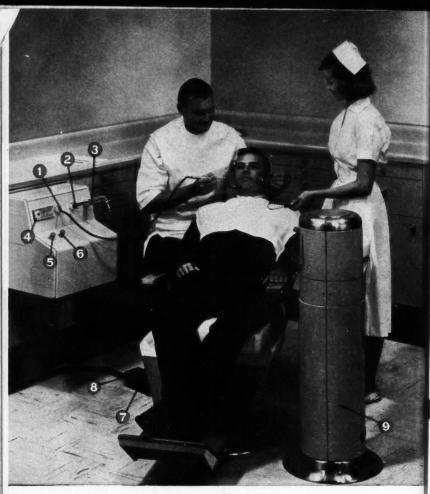
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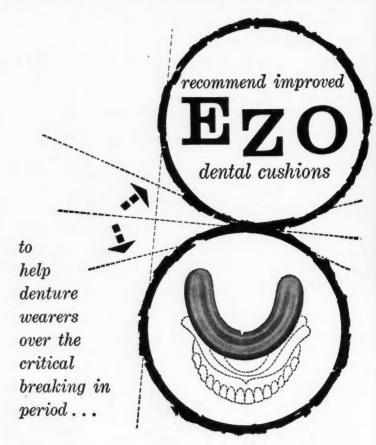


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*McDonnell, C. H., and Domalakes, E. F.: J. Periodont. 23:219, 1952.

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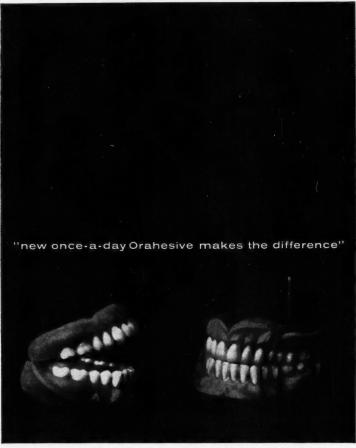
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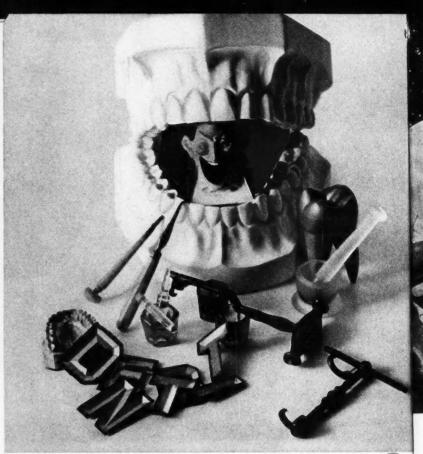




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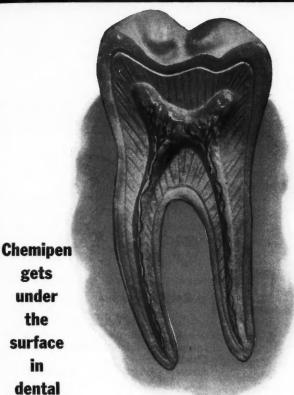
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Oral Hygiene

VOL. 51, NO. 7

JULY 1961

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS FOR MORE THAN FIFTY YEARS

EDITOR, Edward J. Ryan, BS, DDS ASSOCIATE EDITOR, Marcella Hurley, BA

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for the distraught patient



for the overtired patient

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Department Editors
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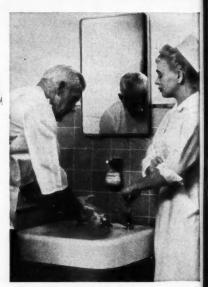
Picture of the Month



Thirty-seven physicians and dentists of North Methodist Church, Indianapolis, Indiana, have collected nine crates of dental instruments and supplies for Doctor Hugh Deale, Methodist medical missionary to the Congo. Doctor Deale accepted the equipment for a new dental clinic in the Congo, where for the last 12 years he has been the only dentist for 300,000 people. Shown examining some of the equipment are (left to right) Doctor Donald R. Hampshire; Doctor Deale; Reverend Elbert C. Cole, North Church pastor; and Richard L. Munday, a member of the church's missions commission.—Photograph courtesy of the Indianapolis Star.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

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References: 1. Hoffman, Heiner: Oral Surg. 11:216, Feb., 1958. 2. Zintel, H. A.: Surg. Clin. North America 36:257, April, 1956. 3. Medrek, T. F., and Litsky, W.: Surg. Gynec. & Obst. (Internat. Abstr. Surg.) 104:209, March, 1957. 4. Shay, D. E.: Oral Surg. 4:355, March, 1951.



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WINNOISE PROBLEMS IN DENTISTRY WIN

By HOWARD E. KESSLER, DDS

DENTISTRY has probably never before been so sound and noise conscious as it is today. However, the whole world is now more sound conscious. Modern living, transportation, and industry have produced this consciousness. Jet planes, cars, trucks, hi-fidelity mechanisms, missiles and other space-age contraptions, are subjecting our people to the most dangerously high noise level in all history.

It has been established that noise can affect both physical health and work efficiency. Because of this, both the medical profession and industry are quite concerned. Excessive noise can produce temporary or permanent hearing loss, disturbances in equilibrium, and other disagreeable findings. Some state compensation laws are being reviewed with the idea of making changes in the hearing loss categories.

Besides the general noise problem that almost every other citizen has, the dentist's chief concern with sound stems from two areas audio-distraction analgesia and ultraspeed equipment.

To better understand this subject, the dentist should recall that sound is a physical force having two dimensions. One is volume or intensity which is measured in decibels (abbreviation, db), and the other is frequency or pitch

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^{*}Doctor Kessler is dentofacial speech consultant for the Cleveland Board of Education; medical committee member for the Cleveland Hearing and Speech Center of Western Reserve University; dentist, Alex ander Graham Bell Oral Day School for the Deaf; lecturer, The School of Dentistry Western Reserve University.

which is measured in cycles per second (abbreviation, cps). The human ear is capable of hearing a wide range of frequencies (20 cps to 20,000 cps) and intensities (0 db to 140 db). The factors that affect hearing loss are intensity (db level), frequency (cps) and length of exposure time. Pure tones are more dangerous than wide frequency band noise.

During these prosperous modern times, a great many dentists have acquired hi-fidelity sets. Many of these men are Hi-Fi enthusiasts to the point of feeling that they are experts. Many have been impressed with the effectiveness of audio-distraction analgesia machines, and say to themselves, "Why can't I build one of those things myself?" Without realizing the possible dangers of an uncontrolled and ofttimes unknown sound output, they go ahead with what seems to them a simple piece of construction.

Do not try to construct your own audio-distraction analgesia machine.

If you want audio-distraction analgesia in your office, find a reputable commercial machine that has been tested, tried, and checked. The proper "white sound" should be scientifically standardized; it should not be just "noise."

The music should be especially selected to serve the purpose for which it is intended. The decibel level output should be known and controlled at the source; even the headpiece should have its output checked. In short, the reputable audio-distraction analgesia machines should be not just hi-fidelity sets; they should be especially manufactured machines built to do one specific job. Do not take chances with a do-it-yourself machine just to save money.

Ultraspeed Equipment

As to the other cause of dental noise, ultraspeed equipment, we must say that it is probably here to stay, and we will have to learn to "live with it." The majority of the dentists in the United States already have some equipment of this type.

Although many authorities feel that the length of time the average dentist uses his air turbine handpiece is so short that he does not have to worry, it would probably be a good idea for dentists to have audiometric checkups at regular intervals.

An audiometer is an instrument calibrated in terms of frequency and decibel volume level output, and is used to measure hearing losses and hearing ability. Listening to a series of pure tones, artificially and accurately produced, the testee indicates to the testor when he first hears each separate sound and the exact point when he can no longer hear each sound. These indications are plotted on an audiogram, a chart, and by graphing the degree of hearing loss for several low and high frequencies, the over-all hearing ability can be determined for each ear.

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The resulting audiogram is, of course, only an aid to the otologist in diagnosing a hearing problem.

Some dental operating rooms have been insulated with acoustical wall, ceiling, and floor coverings, and the dentists wear earplugs to minimize the noise effect.

True, our hearing apparatus thrives on sound; but our world of excessive sound is something to be reckoned with. We should know more about it and how to protect ourselves against it.

The Park Building Public Square Cleveland, Ohio

WHY NOT MORE WOMEN DENTISTS?

To interest more young women in dentistry and to overcome the opposition to women in the profession, women dentists and women dental students recommend educating the public to appreciate that (1) women can practice dentistry as well as meri, and (2) women dentists are not freaks. They believe that organized dentistry can do much to educate the public. They recommend the use of mass media to present the story of women's success in dentistry. Dental colleges should cooperate in providing information for college and high school counselors concerning the opportunities for women in dentistry and in bringing information directly to high school and college girls, particularly those majoring in the sciences.—Journal of Dental Education, Chicago.

THE COVER

Our cover photograph is one of the rushing streams frequently encountered in West Virginia's mountains. You are invited to attend the annual meeting of the West Virginia State Dental Society in White Sulphur Springs, July 23 to 26. For program information and reservations please write to C. T. McHenry, PO Box 1946, Charleston, West Virginia.—Photograph courtesy of the West Virginia Industrial and Publicity Commission.



Medical Building

By JOSEPH ARKIN, CPA

THE POSTWAR BOOM and housing shortage caused a move from over-crowded cities to the suburbs. Overnight huge developments of private homes, apartment houses, and garden-type projects were built.

Business followed the trend and large drive-in shopping centers were built in suburbia.

Members of the dental profession found it expedient to open offices near their "run-away" patients. Adequate space was not always available and a solution lay in the erecting of small medical centers, a place where several physicians and dentists could pool the services of secretaries, technicians, and nurses. Offices and examining rooms could be shared on a split-time basis with a resultant increase in efficiency and decreased costs of operation and maintenance.

Groups of professional men sometimes find it advantageous to pool their financial resources and own their own building rather than rent space from a real estate operator.

The usual arrangement was for the formation of a corporation

^{*}Mr. Arkin is a certified public accountant, and was enrolled to practice before the Treasury Department in 1947. He has had more than 300 articles on taxation, finance, and office management published in over 100 different magazines. He is now studying for a Master of Business Administration Degree in Taxation.

If you are a part owner of a medical center building you may be subject to high income tax as a personal holding company.

(funds advanced by the sale of shares to participants) to own and operate the building; for a copartnership to maintain a pathology laboratory or an x-ray laboratory, or both; for each participant to lease space for his medical or dental practice from the corporation.

This arrangement sounded ideal and found acceptance in hundreds

"Tax Trap"

of communities throughout the country.

However, anything you do in everyday living and in the business world is affected by the factor of income taxes.

Federal income tax sleuths checked the books of one such corporation operating a medical center building and came across this twist—one that could conceivably wreck plans of a large segment of the medical-dental professions.

A corporation which receives at least 80 per cent of its gross income from sources which are deemed to be "personal holding company" income, and at any time during the last half of the year more than 50 per cent of value of its outstanding stock is owned, directly or indirectly by or for not more than five persons, is considered to be a *per*sonal holding company.

This gives rise to fantastically high tax rates — almost equal to confiscation. A personal holding company, in addition to the payment of regular income taxes of 30 per cent to 52 per cent, must also pay 75 per cent tax on profits up to \$2000 and 85 per cent on all profits over \$2000.

A recent Tax Court case (33TC 101) decided under the Internal Revenue Code of 1939 and 1950 brings into sharp focus the dangers involved.

A group of professional men, both medical and dental, owned shares in a corporation formed for the purpose of constructing and operating a medical center building. The medical men formed a partnership to operate a medical laboratory and an x-ray laboratory. The copartnership paid rent for the space it occupied, as did each of the partners.

Rents are not one of the items considered to be personal holding company income. However, where 25 per cent or more of the corporation's outstanding stock is owned by the tenants, the rents are then

considered to constitute personal holding company income. But, these rents would not constitute personal holding company income if they were received for use of the corporation's property by the lessee in the operation of a bona fide commercial, industrial, or mining enterprise.

Because the medical men were partners they were considered as one stockholder, and together with the dentists involved added to less than five stockholders; hence the corporation became subject to taxation as a personal holding company.

Question: Is the practice of medicine and of dentistry to be construed as being a commercial enterprise within the thinking of the Congressional committee which wrote the "relief provision"?

The Government contended that this was not the case, but the Court held that the Congressional committee had not only in mind the stopping of tax avoidance when passing this punitive legislation, but actually meant to consider the practice of medicine and of dentistry (as well as other professions) as being engaged in a "trade or business" and hence coming within the definition of the word commercial.

To bolster its contention the Government quoted Webster's New Collegiate Dictionary (2nd Edition 1958): "Commercial: of or pertaining to commerce, mercantile; . . . having financial profit as the primary aim."

While to some the practice of medicine and dentistry may not have the production of income as one of its primary aims, it would be ignoring the realities to say that a dentist, or any professional man, does not in all good conscience have as one of his primary motives in practicing his profession, the production of a livelihood for himself and his family.

In this situation, the Court held for the taxpayer but the Government has not as yet announced whether or not it will take the case to a higher court to seek reversal of the decision that the corporation is not subject to the tax as a personal holding company.

The Internal Revenue Code of 1954 liberalized the rules concerning the question of rents received from tenants, who are also stockholders. It would be to the advantage of all who are presently shareholders in corporations operating medical center buildings to review the tax structure of their set-up in view of the Government's announced intention to seek additional taxes through the imposition of the personal holding company tax upon medical center building corporations owned by its shareholder-tenants.

So You Know Something



About Dentistry!

By ROLLAND C. BILLETER, DDS

Quiz 202

- Should abrasive paper disks be used when finishing the margins of a cavity for amalgam?
- Cortisone or its analogues (a) does, (b) does not, possess antibacterial or antiviral properties.
- 3. True or false? In the ultraspeed range, the vibration in most instances is above the threshold of perception.
- 4. Does heat treatment restore elasticity to stainless steel

- wires after heating for soldering?
- Specific patients benefiting most from protection against radiation are the: (a) child patient, (b) pregnant woman, (c) patient who has a history of a great deal of radiation therapy, (d) "radiophobic" patient.
- True or false? The dentist is in a position to observe pulsations of the carotid arteries or jugular veins which might indicate underlying cardiac disease.
- Is chronic iron deficiency a major factor in the case of the Plummer-Vinson syndrome?
- When calcium hydroxide is applied to the exposed portion of the vital pulp a layer of (a)
 (b) 2, millimeters is recommended.
- 9. Is reparative apposition ever noted in areas of pressure when full dentures are worn?
- The incidence of bacterial endocarditis is likely to (a) decrease, (b) increase, as the proportion of the population over 50 years of age increases.

FOR CORRECT ANSWERS SEE PAGE 72



Fig. 1— Message side postal card sent to patter

SIMPLIFY YOUR RECALL SYSTEM

By HERBERT G. MANKIN, DDS*

WE CONTINUALLY strive to increase our efficiency at the chair; but do we show a similar concern for the time our dental assistant or secretary spends at her desk performing her duties? The latest trend in the modern dental office seems to be in the direction of delegating some of the secretary's former duties to specialists. There are offices that employ someone at the end of each month to prepare the monthly statements. Some offices have found it more economical to send their daily work sheets to another office for tabulation by an IBM calculator and subsequent billing by t frees the secr e usual end-of-the-mon ing to get the bills out of It would hardly seem econ however. to employ addition p to handle a recall notice his is particularly true when possible to fulfill this importa igation to the patient with I no effort and time.

Our office has been and a postal card as a recall notice simple statement of notification appears on the message side of the canad our name, address, and telephone number are printed below the message (see figure 1).

Each patient, on his last appointment at our office, is asked to address one of these postal cards to himself. We encourage all of our youngsters (from first grade level on up) to do their own addressing. The cards are at a conspicuous place on the receptionist's desk. A notice adjacent to the cards in-

^{*}Doctor Mankin is a member of the American Society of Dentistry for Children, and has been practicing dentistry for 14 years.

A time-saving recall system increases your secretary's efficiency.

structs the patient to address one (see figure 2).

When the dentist or the patient indicates that a specified time, a number of months in advance, be reserved, the appointment is made and entered in the appointment book and on the postal card. Unless a recall appointment time is being made, the assistant need not be present at the desk while the patient is addressing the card. She is free to attend to any other of her important duties in the office.

The card is then filed in a steel file drawer which has been indexed by months. It is placed in the proper month grouping for future mailing; for example, a patiback in June would

On the first day of each month, the secretary removes the partial and the secretary removes that suth's

to the first day of the month and the remainder on the fifteenth. This would distribute your responding telephone calls over the whole month rather than having the majority of calls at the beginning of the month. Also, those cards with appointments for the latter half of the month would be received by the patient at a date closer to the appointment.

The recall system described has the following advantages:

 The secretary spends no time addressing and stamping cards or envelopes.

She is free to file the recall notices at her convenience.

No special list of names of patients for recall need be kept.

 Each patient is assured of receiving a recall notice and is also assured of receiving it on time.

5. There is a favorable psychologic reaction of the patient when he receives a notice addressed in his own handwriting. It recalls a personal request he made some months ago which he recognizes as a possibility requiring

we to receive selves, they will also feel the pers nal responsibility of having an examination appointment made for term.

7. Your parts with preciate your sincere has the provided a provid

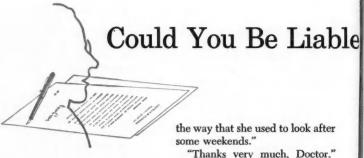
3303 Alma Stre Palo Alto, Califo

IF THIS IS YOUR LAST VISIT...

and you would like us to send you a recall enumination relies please address a post and and leave it at the desk.



Fig. 2—Notice placed adjacent to postal cards on receptionist's desk.



By ALLAN J. PARKER, LLB, LLM

Could this headline mean you: "\$25,000 Libel Suit Filed Against Dentist"? Maybe not, but everyone of us is a potential defendant in a lawsuit. Let us look at one example of how this could happen to you.

A dentist we will call Doctor J received a telephone call from another dentist in a nearby city whom he knew slightly through his association with the county dental society.

"Doctor," his colleague began, "a Miss Smith a former employee of yours, has applied for a position as my dental assistant. What kind of reference can you give her?"

"Well," replied Doctor J, "she was a good enough worker when she showed up, but her attendance record was spotty. I suspect that she had a drinking problem from

the way that she used to look after some weekends."

"Thanks very much, Doctor," replied his colleague. "I'm looking forward to seeing you at the next county meeting."

Miss Smith, of course, did not get the job. Not long afterward Doctor I received a summons in a suit for "defamation of character" alleging that he had "falsely characterized Miss Smith as an alcoholic and had prevented her from obtaining employment."

At first, Doctor I was not too much worried. "All I said was that she drank-and you should have seen her with her head in her hands on some Monday mornings. And anyway, I have malpractice and personal liability insurance."

He became more concerned when his attorney told him that recovery in a slander suit does not depend on negligence. And from his insurance agent he discovered that neither his malpractice liability insurance nor his personal liability policies covered slander

for Libel?

In this warning to dentists a New York lawyer points out the difference between slander and libel and the regulations governing them.

claims. As we will see below he eventually won his case-but there he was in a lawsuit that could have been yours. Therefore, in this article we will take up a few of the points of the law of defamation which are of particular interest to the dentist in general practice.

First of all, let us clear up the difference between slander and libel. Slander is spoken defamation; libel is written. A teaser that has recently plagued the courts is defamation by television.

What is defamation? Briefly, it is making (1) an untrue statement (2) to third persons (3) which injures the reputation and standing in the community of the person about whom it is made or holds him up to ridicule or contempt.

To take up these points in order:

- (1) Untruth-Truth of a disparaging statement is always a defense.
- (2) The statement must be made before third persons.

(3) The statement must injure someone's reputation or standing in the community, but it need not be made intentionally or in bad faith.

Is there any practical difference between libel and slander? Definitely-libel is the more serious. Be doubly careful what you write.

The law recognizes that it is human nature to be more impressed with the written than the spoken word. Hence, libel does a person's reputation greater harm, and damages awarded in libel cases therefore are usually larger and are made easier to prove.

In slander cases, (involving the spoken word only) however, actual monetary damage must be proved (such as Miss Smith's claim she lost a job in the foregoing case), except that in a relatively few instances the nature of the falsehood is so devastating that even spoken words can be presumed to have inflicted substantial injury to reputation without specific proof of actual damage.

BROAD RANGE OF DAMAGES POSSIBLE FOR LIBEL

The money value of a shattered reputation is hard to prove. A broken leg results in such definite items of damage as medical and hospital bills and more or less observable pain and suffering for a jury to consider. In libel cases the injury is likely to be more subtle—opportunities that vanish in business or professional life; doors that close in social life. It is difficult for a plaintiff to put his finger on what is wrong; he just senses that something is wrong. Therefore, the law says, the plaintiff need not actually prove that he lost a specific job or an identifiable patient, in order to show that he was damaged. On the basis of the libel alone, jurors limited only by their own and the judge's common sense can award damages running into thousands of dollars. And if they feel the falsehood is particularly flagrant they may add an additional award as punishment.

These special classes, called slander "per se," (by itself) include the following words which:

- 1. Charge a serious crime.
- 2. State that a person has certain loathsome communicable diseases (such as plague, leprosy or venereal disease).
- 3. Tend to injure a person in his business or profession (such as calling a dentist a "quack" or stating he has made improper advances to patients).
- 4. (In many states) Charge a woman with unchastity.

Now to get back to the earlier case of Doctor J and his former office aide, if absence of negligence is not a defense in a slander case, are there any defenses?

There are, and the most important is that of privilege.

This means that the law recog-

nizes that sometimes for the protection of the community welfare and other vital interests it is so important for a person to be able to speak what he thinks is the truth without fear of being dragged into court to pay damages that, even if he turns out to be wrong, he cannot be charged with libel or slander if he acted reasonably. His statement, reasonably made to appropriate persons, is said to be "privileged." Doctor J spoke in good faith to a fellow dentist, whom he knew, concerning a matter of interest to his colleague. It is important that he did not volunteer this information as a mere intermeddler. Since Doctor I reasonably believed that what he said was true, he had a right to inform his fellow dentist of his conclusions. Even though he turned out to be wrong (Miss Smith's headaches were a chronic migraine condition and she was a teetotaler) Doctor J is still protected.

The rule of privilege will actually protect you in most of the situations where as a dentist in general practice you might run into trouble with libel or slander suits if you just follow rules of ethics and your common sense. Your testimony as a witness in court, thus, even though you charge an individual with a serious crime, is likewise privileged if made in good faith.

If you are asked for references as to a former employee of yours, you may give even highly unfavorable facts or opinions without fear, if you merely confine yourself to a discussion of her services.

But watch what you say in collection letters. Since these letters are mostly sent for your benefit alone, a privilege attaches sparingly if at all. Do not send postal cards implying that the debtor is a dead beat or a thief. Cases have held this a libel.

Perhaps the most delicate area in the field of libel law and professional ethics is that of criticism of a fellow dentist. Charges made in good faith through proper channels against another dentist, say, at a County Dental Society meeting are likewise privileged even though they are subsequently proved groundless.

Here the maintenance of high professional standards is considered an important public interest which the law will strain to protect. When asked by a patient, from a strictly legal point of view, you are also privileged in commenting on the dental service done by one of your colleagues with respect to this patient, although talk of this character raises many other questions of ethics and professional relationships beyond the scope of this article. Aspersions of unethical conduct, however, based on no other considerations than the fact that the dentist you criticize has, for example, written for a publication of which a certain dental society does not approve, probably would not be privileged. There is no reasonable basis in the public welfare for protecting this type of charge.

But generally, if criticism is to be made of the professional or personal actions of a fellow dentist, it might best be made constructively and tactfully to the dentist himself, not to a patient or to fellow dentists. If the matter is handled with good will and a real desire to help with a problem, not only will libel suits be out of the question but the profession of dentistry can actually thus be advanced.

120 Broadway New York 5, New York

How to build your own

By CHARLES H. WATERBURY*

How would you like to accumulate a nest egg equivalent to approximately \$100,000? You can do it, in a definite and simple way, and you will not have to pay any premium, fee, or sales cost.

What you will have to do is make up your mind to pay yourself a monthly sum of \$100 and stick to it regularly through your most active and productive years. Self-discipline and determination to start now and continue without allowing any interference from anyone are the only requirements.

This plan if carried out every month for the next 30 years will give you a return that will be worth virtually \$100,000.

No, this is not a mystery story nor a promoter's fast "come on." It is a simple explanation of the power of compound interest as a

factor in providing income and capital growth. That is the same factor used by the life insurance companies to provide the proceeds to meet contracts to pay death claims, annuities, or endowments. There is some difference, however. The insurance companies must charge a premium, some part of which must be set aside regularly to provide for sales expense, and a reserve fund to meet death claims in the earlier years, or to pay for unanticipated longevity among annuitants.

The plan referred to herein is merely one of building a cash reserve fund of your own, a reserve fund over which you have the control at all times, the entire and exclusive use of which is devoted to your own personal benefit. There are no prior claims to be met. It is not subject to fluctuation because of changes in market price. It does not grow smaller one day, but only grows larger as you maintain your regularly determined payments

each month.

^{*}Mr. Waterbury, now retired, served as assistant editor and contributing editor of The Spectator, national insurance journal; and secretary of The National Wholesale Druggists Association. He is a graduate of Columbia University, where he continued postgraduate studies in literature, psychology, and political science.

n Annuity Fund



If you are planning a retirement fund and do not have the temperament to live with stock market fluctuations, a definite savings plan may be the answer.

All the plan requires is the careful selection of financially sound, well managed mutual savings banks or savings and loan associations whose accounts are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation up to \$10,000 for each account.

Most likely there are several near your office or in your community.

Most savings banks pay interest from 3 per cent to 4 per cent compounded semiannually or quarterly. There are numerous Federal Savings and Loan Associations and State Savings and Loan Associations which are members of a Federal Home Loan Bank System whose accounts are insured by the

Federal Savings and Loan Insurance Corporation. Many of these pay dividends or interest semi-annually at the rate of 4 per cent, a few 4½ per cent, or 4½ per cent. A number credit interest for dividends on a quarterly basis.

Assuming that the interest rate is 4 per cent, payable semiannually, and that interest is earned from the first of each month on deposits made on or before the 10th of the month, and that no withdrawals of interest or principal are made during the 30-year period, the result will be the attainment of the goal.

Actual Figures

Here is what the actual figures are from such a procedure:

Total outlay by the saver over

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the 30-year period \$36,000.

Total interest accumulation \$33,229.28, making a total sum of \$69,229.28 available at the end of 30 years.

Instead of withdrawing this in a lump sum, suppose you just take out \$413.51 each month for the next 20 years. The remaining funds will continue to earn interest. The total sum you will have collected during those 20 years will be \$99,242.40, pretty close to \$100.000!

Thus a person at age 35 can attain a retirement income at age 65 of nearly \$5000 per year by this simple plan, without regard to any other program he may have. If the savings period could have been started earlier, say at age 30, the results would show even greater gains and a larger monthly return. Should the plan be started later, say at age 40, and carried for only 25 years the return would be somewhat smaller, \$51,339.70, and monthly withdrawals equal to \$306.66 for 20 years for an aggregate of \$73,598.40.

If one chooses to use a smaller or larger deposit each month, the results will be smaller or larger in exact ratio of the selected sum to be saved to \$100. Thus if the lay away were \$50 per month, the total would be one half as much as that provided by the \$100 monthly savings; if the lay away were \$150 instead of \$100, the total accumulation would be just 50 per cent

higher, or \$103,843.92. Monthly withdrawals of \$620.26 could be available for 20 years for an aggregate of \$148,863.60.

One need not use a single depository to accomplish this result. The monthly savings may be spread among several depositories so long as the total is \$100 and that deposits are made simultaneously. The single calculation was made as a simple way to illustrate the actual working of compound interest as an income and growth factor. By spreading deposits over several accounts in say \$15 and \$10 amounts you will be able to keep the total accumulations close to the \$10,000 limit of insurance on each account. Separate withdrawals will of course be required if this procedure is used.

This is a most flexible program. It has many advantages, for the account is always under your own control. Should hardships arise and it be necessary to withdraw funds, this is always possible. For a temporary situation, you may use your account as collateral for a loan. The account will continue to earn its full interest and thus offset a large part of the interest required to be paid on the temporary loan.

What is good about it, too, is that it may be set up in conjunction with your social security program and thus geared to provide supplemental income for retirement over a fairly extended life expectancy. Always have in mind that even though monthly withdrawals may have been started, the remainder on balance is available for withdrawal for any emergency, such as for example, payment for lifetime care in a home, establishment of a trust fund for your own care, or any other designated purpose you may desire.

The funds are not bound or restricted by the exacting terms of a contract such as an annuity agreement or insurance policy. Also the funds are not subject to contraction such as might well occur in the case of an investment portfolio made up of stocks and bonds.

Interest Determines Returns

The ultimate returns are determined by the fixed rate of interest. This might be subject to a change. If the rate should be lower, it would require larger payments or a longer term to accomplish the same results in growth. If the rate should increase, the accumulations would be more rapid. This would also happen if the frequency of interest calculation and credit were changed from semiannual to quarterly periods. The principal would not decline as can and does happen with many security values.

It is not intended here to regard this as the only financial plan for future desires. Its nature is such that it should be considered as the core and mainspring of any plan. It does not replace life insurance which should be tailored to your individual situation.

Be as selective in your choice of an insurance agent or financial adviser as you expect your patients to be when choosing a dentist. Make the choice because the persons are qualified to give skillful service to you.

Your cash savings plan as here suggested should be your first step toward attaining financial independence. To start it you do not have to give up any extended time in interviews with experts to explain contract terms, market values, or be disturbed by market fluctuations. You need no special counselor or agent. Only you can decide how much you want to put away regularly.

It should be just as easy for you to form the habit of charging yourself with a fixed sum for monthly savings for yourself and your future, as it is to meet your monthly payments on your home, your equipment, your automobile, or your household appliances. The account to yourself is of such major importance that it should come first. Stock purchases, mutual funds, or other investment plans should best be deferred until after you have established a fixed cash savings plan.

55 Maxwell Road Chapel Hill, North Carolina

Diagnosis . . . or Bid?

By WINGATE C. BRONSON, DMD*

In the normal course of office routine, our first contact with our patients is diagnostic. This period, as every dentist knows, is devoted to the gathering of such facts as can be discovered about the case at hand. These facts are evaluated, a plan of treatment is formulated, and the whole is shared with the patient. This is a science and a service. As a science it should be unconditional and uncompromising. As a service it should command its own fee.

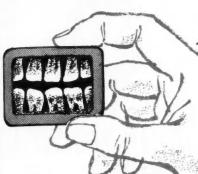
Too often, however, with one eye on the office expenses and the other on the patient's pocket, the science of diagnosis is perverted into simply a bid for the job. In this circumstance, the honest purpose of diagnosis becomes too heavily conditioned by the fear of "losing a patient," and the operator who will find the least and say the least will, perforce, quote the

successful low bid. This is poor diagnosis, indeed.

It is a sad commentary upon our professional bearing that patients in this supposedly enlightened age continue to accept the low-fee bid as a diagnosis. That so many of them remain satisfied with the free ten-minute "checkup" of thirty years ago must rest squarely upon our own shoulders. In all too many instances, our shrugging acquiescence has supported them in this view.

It is safe to say that most of the nonprofessional people do not know the ingredients of good diagnosis. This is no excuse for us. We do. The dental x-ray series is an excellent case in point. The use of the x-ray as a diagnostic tool would certainly seem today to be an indispensable basic in any annual examination of the mouth. Through our own lack of courage, however, it is still viewed by far too many of our patients as a series of pictures to be purchased at whim. That

^{*}Doctor Bronson received the Doctor of Dental Medicine degree from Harvard University Dental School in 1933, and has been practicing dentistry for about 27 years.



Avoid making a low-fee bid honest diagnoses can raise the status of dentistry.

they can today seek and find even one dentist who will proceed without x-ray is to minimize the one giant step forward which dentistry took with its discovery. Its annual use as a diagnostic survey should be as commonplace as the use of the mouth mirror and the explorer. Failure to do this, despite the present furore over radiation, is culpable, indeed.

Opportunities Wasted

We have inadvertently selected a choice role as guardians of a segment of human well-being. In no other medical or quasi-medical field is the opportunity so well given to foresee and forestall both pain and debilitation. Yet we continue to waste these opportunities of prevention and safeguard by overlooking work for the "fastbuck" bid, and the easy way out. We continue to compromise our patients, our profession, and ourselves when we seek only to make the fee a palatable one by leaving service undone, information withheld, or advice ungiven.

We are the end products of that is unquesticably the finest dental education system in the world. This should be reflected to a far greater degree in the patients whom we erve. They remain, however, distressingly ill informed about dentistry in general, and about their own dental needs in particular. There is wide latitude, at the service level, for compromise between honest recommendation and ability to pay, if need be. Honesty, however, permits no latitude in withholding information during the period of diagnosis.

In all honesty to our patients and to ourselves, we must enhance the integrity of diagnosis as an unencumbered and self-supporting service. It must become the means to no end other than through the assemblage of facts and the honest transmittal of our findings, together with our recommendations, to our patients. This is a service worthy of a fair return.

93-07 69th Avenue Forest Hills 75, New York

PRACTICE ADMINISTRATION



Being a Participant

Can you give us some tips on how one can be a better participant in Dental Study Club meetings?

1. Brief yourself on the subject to be discussed at a meeting prior to going.

2. Go to each meeting determined to learn something, and to do your part by making a worth-while contribution.

3. Be attentive while others are speaking. Do not carry on disrupting side conversations with your companions.

4. Be more than a listener (only 10 per cent of your thinking time is required to hear what is being said—use the other 90 per cent for relating what is being said to a framework of thought including your own experience).

5. Be recognized by the meeting leader before you speak.

6. Think out what you want to say and say it concisely.

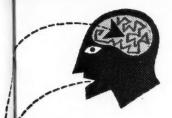
7. Do not monopolize a session. (You cannot learn as much while you are talking.)

8. Go over your point before you speak to make certain it is pertinent to the discussion.

9. Do not waste time bickering over trivial points.

Speak loudly enough to be heard and slowly enough to enunciate each of your words.

^{*}Doctor Lapp is Professor of Marketing; Doctor Bowyer is Professor of Finance, Washington University, St. Louis, Missouri.



THOUGHT-PROVOKERS

By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, JR, DBA*

11. Do not feel you have "lost face" if your ideas are partly challenged or even rejected.

12. Remember there are a number of ways you may participate such as:

a. Relating an experience of your own or of someone else.

b. Clarifying a point of view.

c. Asking questions.

d. Taking notes—however, do not be so busy taking notes that you do not have time to grasp the idea being presented.

e. Asking a fellow participant to relate an experience, particularly
if you are confident that his experience will be worth while to the group.

f. Requesting a vote on some subject on which you want to know the preponderance of opinion of the group.

g. Adding humor to the meeting without making someone the brunt of such humor.

 Do not disagree with a fellow participant until you fully understand his point of view.

14. In presenting a point of view follow some format such as:

a. Cause, effect, remedy.

b. Who? What? Why? How? When? Where?

c. Explain what your position or opinion is, how you arrived at it, why you feel the way you do.

15. Be willing to compromise your point of view when evidence and experience presented are conclusive.

16. Be prepared to summarize what you have learned from a session.

17. At some later date after the session go over your notes and fully organize what you have learned.

Success Commandments

It has been said that to be successful you should study the philosophies and ways of successful men. Most successful men have rules to which they cling tenaciously. Charles M. Schwab, the steel magnate, attributed his success to the following rules, which he called his "Ten Commandments."

- 1. Work hard. Hard work is the best investment a man can make.
- Study hard. Knowledge enables a man to work more intelligently and effectively.
 - 3. Have initiative. Ruts often deepen into graves.
 - 4. Love your work. Then you will find pleasure in mastering it.
 - 5. Be exact. Slipshod methods bring slipshod results.
- Have the spirit of conquest. Thus you can successfully battle and overcome difficulties.
- 7. Cultivate personality. Personality is to a man what fragrance is to a flower.
- 8. Help and share with others. The real test of business greatness lies in giving opportunity to others.
- 9. Be democratic. Unless you feel right toward your fellowmen, you can never be a successful leader of men.
- 10. In all things do your best. The man who has done his best has done everything. The man who has done less than his best has done nothing.

The Ultimate in Credit Cards

A company has announced the ultimate in credit cards. This credit card may be used for medical and dental treatment, hospital bills, drugs, glasses, and hearing aids. The patient submits an application to the American Health Credit Plan, Incorporated. When the application is accepted and the applicant's membership fee is paid, this company guarantees his credit up to \$500 for other dependents or a total of \$1500 for the family. Fees are paid to the dentist without recourse subject to a 7 per cent charge by this company.

Tax Deductions for Your Automobile

Your deductible automobile expenses fall into two groups—those available to everyone for personal car expenses, and those available to persons who use their automobile for business purposes. The personal deductions include personal property, license, and gasoline taxes. The

business deductions include the title and inspection fees, gasoline, lubricants, tires, repairs, storage, toll charges, insurance, and depreciation, as well as the personal deductions. Sometimes a dentist uses an automobile for both personal and business reasons. The simplest way to account for this for tax purposes is to keep a record of the miles you drive for business purposes and then multiply the mileage by a rate of 8 to 10 cents. This method is acceptable, and consultation with your accountant will establish the mileage rate generally acceptable for your area.

Financing Insurance Premiums

It is now possible to pay your fire and casualty insurance premiums, which includes the insurance on your home and automobile, on a monthly payment plan. This new plan allows you to buy your insurance from any company you wish and pay the premiums with one check each month. The idea for this service originated from the difficulty many of us have in paying in advance a premium on an insurance policy which sometimes runs for 3 to 5 years. For further information, write to Practice Administration Thought-Provokers, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

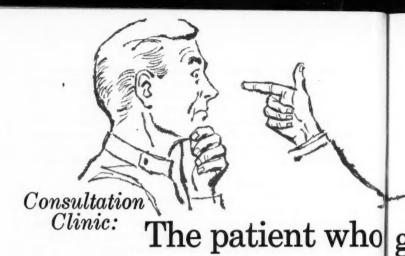
Commercial Paper As An Investment

One of the oldest forms of investment is commercial paper issued by corporations with outstanding credit ratings. This paper is sold to investors at a discount and matures in 30, 60, 90, 120, 180, and 270 days. Discount sale means that a \$10,000 note with 6 per cent interest maturing in 270 days is sold for \$9,550 and the purchaser is paid \$10,000 at the end of the 270 days. This investment medium is usually bought by banks, insurance companies, and some large individual investors. However, there is no reason why smaller investors cannot use this investment medium to earn interest on temporarily excessive bank balances.

Write "Thank You" Notes

When you get a patient who is referred to you by another patient, dentist, or physician, make it a practice to write a "thank you" note. Such "thank you" notes do not and should not be long. These notes will be even more effective if they are written.

Washington University St. Louis, Missouri



By ARTHUR ELFENBAUM, BA, DDS*

ONE of the hazards in diagnosis is the dentist's attitude toward the predetermined decision by some patients concerning the diagnosis and treatment of their oral condition. They do not hesitate to tell the dentist what to do, and occasionally have the temerity to state just how much they are prepared to pay. There are practitioners who, fearful of antagonizing a new patient, decide to avoid complications and condescend to the patient's wishes.

A patient in his late sixties entered a dentist's office determined that he must have all his teeth extracted. He admitted frankly that he had been neglectful and that now his "pyorrhea" was so bad that the infection had made his throat sore. A glance at his teeth as he spoke was enough to indicate that they were unusually filthy and encrusted with heavy deposits of calculus.

His general appearance gave the impression that he was in pain. He was poorly dressed with clothes that seemed to be too large for him, but he explained that he had lost 30 pounds in the past few months. The loss of weight, he insisted, was due to his inability to eat or drink. The soreness of his throat prevented him from swallowing food or water, and he was determined that the condition of his mouth was the cause of all his trouble.

He became extremely garrulous, almost antagonistic, giving the im-

^{*}Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at the Michael Reese Hospital.



Unpleasant consequences may develop if you let the patient decide what dental treatment is needed.

gives orders to a dentist

pression that he was indulging in a "mental catharsis" to relieve his inner tensions and frustrations. The dentist had to break into the conversation with "Would you say you were always a healthy man until this happened?" The patient gradually became more cooperative and answered questions intelligently and deliberately.

His story could account for the dehydration of his lips, but the left side of his lower lip appeared to be covered with large scales that resembled crusts. The lesion had made its first appearance about three months ago and had spread rapidly, but it was not painful. He had applied petroleum jelly to soften the crust and prevent it from cracking.

A survey of the mouth revealed what one would expect to find; gingival inflammation, calculus, loose and drifted teeth. The color of the oropharynx was not alarming and could hardly account for the pain he experienced.

Medical Examination Needed

The patient could not remember when he had his last physical examination and he was reluctant to be referred to a physician, but it was evident that medical consultation was necessary. The pain was not actually in his mouth or throat but no doubt emanated from a lower level.

At first the patient was not sure that intraoral roentgenograms. were necessary. He maintained that extraction of the teeth was obviously needed and they were loose enough to be taken out without any difficulty, but it was explained to him that there was an unwritten law in the office that no

tooth could be extracted without first taking an x-ray, and he agreed to that. It had to be explained that an x-ray of the throat was also required, but the dentist had in mind a roentgenogram of the chest, and he felt that the subterfuge was pardonable.

Knowing that the patient would try to find a dentist who would extract his teeth without so much precaution if he got away from the office, the dentist offered to accompany him to an x-ray laboratory in the same building. After hearing the details the roentgenologist immediately prepared a barium drink for the patient and before long the diagnosis of a cancer of the esophagus was made. The roentgenogram showed the accumulation of the radiopaque material in the esophagus and its almost complete obstruction at the junction with the stomach.

The intraoral roentgenograms indicated that the teeth were beyond redemption, but under the circumstances all dental treatment was contraindicated. The patient's family was informed. A physician was consulted and the patient was hospitalized for surgery, but the prognosis was poor and the patient did not survive.

Possible Consequences

One cannot help but wonder what would have happened if the patient had left in a huff when the dentist began questioning him.

Another dentist might have been convinced by the patient's "reasoning," and it is possible that he would have extracted the teeth without further consideration. No the esophageal cancer would have led to the patient's death in a short time, and if no physician had been consulted, the malignancy might have been entirely overlooked and unknown. Somebody in the family could have started a rumor that the dentist had used a dirty needle or instrument, causing a "blood poisoning." Malpractice suits have been instituted against dentists on much flimsier grounds. Such an experience could be catastrophic for a dentist who had just begun to establish a practice.

The case is also interesting from an academic point of view. Many diagnosticians and pathologists would assume that the lesion on the lip was a malignancy metastatic from the primary focus in the esophagogastric area. However, there are oncologists who believe that the metastatic theory has been exaggerated in many cases. They contend that it is possible for a patient to harbor multiple cancers, some of which never propagate, while others spread at different times without relation to one another. Hence, if the lesion on the lip was really malignant, it may have been an independent entity and not necessarily a metastasis from the one disclosed in the chest.

Another lesson to be learned from the case is that when a dentist refers a patient to another dentist or physician for consultation or treatment, he is morally obligated to follow through or request a report. A specialist is not someone on whom to unload complicated cases. There is knowledge to be gained, and it is such knowledge which distinguishes a mouth physician from an oral mechanic or cosmetician.

From the account as recorded here it may appear that the dentist spent an inordinate amount of time with the patient, but actually the time consumed was not excessive. If the patient had presented the possibility of a complete mouth reconstruction with the prospect of an attractive fee, no dentist would object to the time spent in diagnosis and treatment planning. When a patient's life is at stake and the responsibility is thrust upon the dentist, he should not let the clock determine whether he accepts or rejects the challenge.

431 Oakdale Avenue Chicago 14, Illinois

FOR DENTISTS IN THE ARMED FORCES!

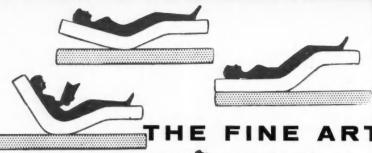
HUNDREDS of dentists in the military service of the United States throughout the world are now receiving Oral Hygiene. Wherever you are serving, please send your name and complete address to Oral Hygiene Publications, 1005 Liberty Avenue, Pittsburgh 22. We will be happy to forward Oral Hygiene to you regularly every month. However, it is important that you notify us if you are transferred. Oral Hygiene will then be able to follow you to any part of the world.

DENTISTS TO VOTE FOR STATE BOARD MEMBERS

A SOCIETY-SPONSORED bill to permit all registered dentists in North Carolina to vote for members of the North Carolina State Board of Dental Examiners was enacted into law 12 April by the North Carolina General Assembly.

The amendment to the General Statutes was sought by the Society's Legislative Committee at the direction of the House of Delegates.

The new law provides that election of Board members shall be conducted by the Board of Dental Examiners. Nominations will be by written petition signed by not less than ten dentists and the voting will be by mail ballot.—North Carolina Dental Society Journal.



These sketches illustrate the medical, recommend thet up" positions for (1) relaxed reading, (2) total returns (5) relaxed sleeping, (4) relaxed viewing, and (5) relaxed resting.

A WELL-KNOWN physician was asked to name the biggest health problem among his patients.

"My patients' biggest problem is they don't know how to relax," was his reply.

What could be easier than relaxing? Isn't it "like falling off a log"?

Apparently not. For the physician continues: "I believe there would be far less heart disease, ulcers, and nervous tension if people learned the art of relaxation."

It is worth noting that the physician refers to relaxation as an "art." Apparently, we are just now beginning to realize that there is more to relaxing than just inactivity.

Take a patient in a dentist's office, waiting to have a tooth extracted. He is sitting still, exerting no effort. But is he relaxing? Hardly!

Or consider this situation. An office worker is out in, the park on

a Sunday, playing tennis. He is exerting every muscle in his body. Yet what is he doing? Why, he's relaxing!

Clearly we need to revise our definition of relaxation. Let us say that relaxation means giving your mind or your body — whichever needs it — a rest.

How do you give your mind a rest? Quite often, by using it.

Research has shown that when a person is absorbed in what he is doing, there is *less* mental strain. Mental fatigue results when a person is forced to concentrate on something that does not really interest him.

What does this mean? One of the best ways to relax your mind is to let it work on something you enjoy. A hobby or some other absorbing interest outside your main occupation is one of the most effect means of relaxa

M important: do rou like to co. Perhaps you are a rus-

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trated painter, author, stamp collector, home repairman, or gardener. Take up that hobby you have always dreamed about — it may be just what you need to restore your interest.

Many would-be hobbyists excuse themselves by saying they are "too busy." A physician would tell them: "There's no such thing as being too busy." So long as you are doing something you enjoy, the busier the better.

Certainly, keeping busy at a hobby is a better way to relax than doing nothing at all except worrying—a good way to develop ulcers.

Change Your Routine

There is another important requirement for relaxation: A change from your regular routine. Monotony is the mind's worst enemy; when you experience a change of scene, you restore your mental alertness.

A well-known surgeon finds re-

Learn the technique of relaxation so that you will feel better and accomplish more.

laxation by leaving his office at lunchtime to seek the seclusion of a darkened motion picture theater. A high-powered business executive finds that driving slowly along an ocean highway relaxes and refreshes him. A Nobel Prize-winning physicist relaxes by playing the violin.

The same principles apply to relaxing your body as to relaxing your mind. Your body also needs a change.

A construction worker comes home after a full day of heavy labor. He finds relaxation at a motion picture or in an easy chair with a book or magazine.

A bank clerk comes home after the same working day, just as tired. He, however, restores his flagging spirits at the bowling al-

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ley. It is vigorous-but relaxing.

You can also see how important it is for your body to be doing something you enjoy. Physical exercise can be tedious—or fun! It's all a matter of attitude.

Which all goes to confirm the theory – relaxation is an activity plus an attitude on the part of the person. What you do to relax is not half as important as how you feel

about doing it.

You need not confine relaxation to specified activities. Physicians suggest a number of simple physical exercises: stretching, yawning, slow, rhythmic breathing, lying down with supports for the knees and neck, shaking the arms and hands. These can be performed at almost any time and any place.

And do not overlook the importance of plain rest for relaxation. But to rest, too, is an art. The rest you get does you good according to how comfortable you are: a night's sleep on a six-foot plank will not leave you chipper in the

morning.

Researchers for the Dura Corporation, which manufactures selfactuating contour beds and couches, did a study on the relationship between body position and quality of rest.

They found that the body requires changes of position just as much as it needs changes of activity. Differing positions provide the most comfort for reading, sleeping, or just relaxing.

This adds to what physical therapists and physicians have been saying — that relaxation can be a matter of technique.

Authoritative Recommendation

Doctor Edmund Jacobson, one of the nation's leading health consultants, points out: "Lying on the back is the most relaxing position. The lower legs, from the knees to the feet, should be *elevated above the body*, and supported if necessary. A small support to the neck and lower back also adds to comfort. This position has maximum *muscle-relaxing* value."

As professor of physiology at the University of Chicago, Doctor Jacobson is in a position to speak

with authority.

Navy flight surgeons confirm Doctor Jacobson's findings. They report that 20 minutes' "passive relaxation" in a legs-up position immediately after a grueling flight renews the vitality of naval aviators on an aircraft carrier and leaves them feeling as good as new. Pilots report that they are better able to perform hazardous maneuvers, perceive dangers and take affirmative action after they have had 20 minutes' complete rest in this position.

In recent years, big-league baseball players and screen and television stars have been learning the secret of legs-up relaxing. They say a mere ten minutes in this position between the first and second games of a double-header, or between camera "takes," restores both the vitality and the timing so essential to professional success.

Dura's research led to the development of the Select-A-Rest bed. This ingenious mechanism, adaptable to your own bed or couch, permits you by the mere flick of a switch to adjust both your head and your feet to the precise height that you find ideal for the

most relaxed reading, writing, viewing, sleeping, eating, or just resting. (See illustrations.)

As the pace of modern life increases, the art of relaxation becomes increasingly important. It is no longer enough, physicians say, simply to "take it easy"—you have to know how to relax.

And any physician will tell you: Learning how to relax is the biggest favor you can do yourself.

BUSINESS IN DENTAL PRACTICE UNTIL you attract patients to you and to your office, until you get them to sit in your chair to accept your advice, to agree to your fee, and to make the necessary financial arrangements, all of your technical skill—however great—is worthless.

You will agree with me that the practice of dentistry involves two complete and equal divisions—dentistry is a profession and a business. The profession of dentistry involves what you do for the patient, and the business of dentistry involves what the patient does for you, and, in order to be fair and pleasing to both parties, the two values must be equal. We dentists should absolutely render a dollar's worth for every dollar-that is fair to your patient and his family. By the same token, we should collect the dollars we have earned-and that is fair to you and your family.—Hollis A. Askey DDS, The Journal of the Missouri State Dental Association, St. Louis, Missouri.

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READ THE FINE PRINT

When a dentist signs a contract of any kind he should read the fine print. If he cannot interpret the legal language he should consult an attorney for an expert opinion. Most of us are trusting souls who assume that a contract is free from dishonesty and deceit. That may not be true.

Many insurance contracts contain restrictive clauses that are not advantageous to the policyholder, despite the attractive advertising campaigns of the insurance companies and their often pious protestations that they are public service organizations.

The principle of insurance is sound. If a risk can be spread over a group rather than assumed by one person, the principle of insurance is fulfilled. If, however, the aggregate cost to each policyholder is out of proportion to the ordinary risks of the group the excessive profit goes to the insurance company. Many insurance policies are overpriced.

Most life insurance policies are definite enough. When a person dies his beneficiary receives an exact sum of money plus dividends, if any, and less loans, if any. In some life policies a person may live long enough to collect something himself. The quickly reducing death benefits and the increasing policy costs in some group life insurance contracts are not favorable to older people.

Fire insurance may be restricted by the "80-per cent clause." That means that the property must be insured for 80 per cent of its *present* value. A \$5000 policy on \$10,000 property will not pay the full amount if the loss is \$5000. Better get this fact straight by reading the fine print.

Liability insurance protects against some liabilities and exempts others. It is well to acquaint yourself with your exact protection.

Health and accident policies vary like the wind. There may be de-

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ductible provisions, cancellation clauses, "cooperative" agreements, exemptions for certain conditions. Nowhere in the entire insurance industry (it is not a profession) are there more evasive devices and escape clauses. This is a kind of insurance where the fine print should be read with particular care. Many tragic cases among dentists have come to our attention where a dentist thought that he was covered but learned that after prolonged illness he was not.

It is an ironic truism in the insurance industry that small claims are seldom protested but large claims frequently are. This, of course, nullifies the value and intent of insurance. Most of us can handle small losses ourselves, but need protection against the catastrophic losses in health or property.

There is too much emotion packed into the debate on health insurance for persons past 65. The voluntary versus the compulsory system is not the real issue. The issue is: can people buy voluntary hospital and medical service insurance at a reasonable price and receive full benefits? If the cost is too much and the benefits are restricted by "cooperative provisions" and exemptions for service (x-rays, for example) the policy does not give the kind of protection that people need.

The people who oppose a federal system of compulsory health insurance for the aged may be appeased if a method of coinsurance is offered. Here the federal government would pay part of the costs to private insurance companies to assure older people complete protection.

With the mounting costs of hospital care and medical service it is dishonest to maintain that people who are retired under Social Security and have little or no additional income can afford adequate health care.

Whatever kind of policy and for whatever protection, a person should read the fine print to be assured that he is getting what he thinks he is paying to receive.

Ednary Ay



TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

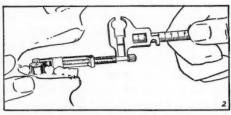
Determining Correct Size of Copper Band or Pre-formed Crown

By M. WILLIAM DIETZ, DDS

Drawings by Dorothy Sterling from sketches by the author

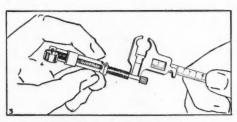


With a matrix retainer of the type illustrated, place a matrix band around the tooth.



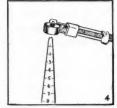
With the band snugly in place at the gingival, use a Boley gauge to measure

the space between the two nuts on the retainer.



Loosen the band from the tooth but not from the retainer. Remove the band from the tooth, Readjust the retainer so that the

same space exists between the nuts on the retainer as existed when previously measured.



Now fit the band over a crown measuring gauge or compare the size directly with copper bands to make the proper selection

ELASTIC ACCURATE NO FIXING

EASY-MIX

HARD AND SMOOTH

- MODEL SURFACE
- PROLONGED SHELF LIFE
- * FAST OR REGULAR SET

for all impression taking...





Ease of mixing, unique elasticity,
dimensional accuracy and hard, smooth model surface
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Ask Oral Hygiene



Please send all correspondence for this department to: The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Lower Denture Retention

Q.—I would appreciate your help with a problem of mine concerning a lower denture.

The full upper denture for this elderly woman holds well. The lower ridge is flat. There was little suction to the original lower denture I made, so I rebased it with quick-curing acrylic directly in the mouth. However, there is no more retention now than before. Any suggestions you have to increase the suction for a lower denture will be appreciated.—L.L., Pennsylvania

A.—Where the lower edentulous ridge is flattened, it is obvious that you do not have a desirable physical form upon which to construct an average lower denture. If the centric relationship and vertical dimension are satisfactory, I would suggest the following steps to improve the stability of this lower denture:

1. Check the muscle trimming of the lower denture carefully to rule out displacement of the denture by muscles of mastication and other muscles involved when the denture is functioning.

2. Check the denture for over-

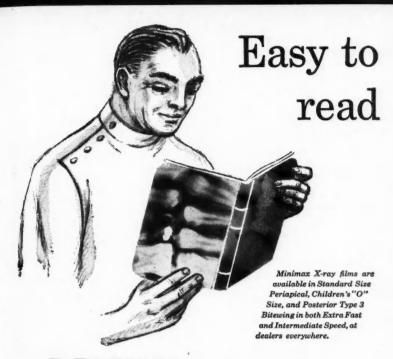
extension or excessive thickness.

3. Since the slightest cuspal interference will dislodge the denture easily, it is necessary to spot grind the dentures extensively. When the occlusal contact is well balanced and cuspal interference removed, the occlusal surfaces should be polished. The use of nonanatomic teeth together with a crossbite of the posterior teeth has been recommended by many dentists where there is a poor lower ridge.

4. Proper education of the patient in learning how to deal with a lower denture of this type is paramount. The dentures must be kept in the mouth at all times. The patient's food intake must be in small portions, avoiding excessive force in mastication. Explain to the patient that it may take some months before satisfactory results can be obtained.

Lingual Surface Abrasion

Q.—Please give me your opinion as to the etiology and proper treatment (Continued on page 66)



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of the abrasion on the lingual surfaces of the upper anterior teeth of a 20-year-old woman with normal habits. She does not smoke, chew gum excessively, nor does she have any abnormal tongue conditions nor thrust discernable. She has never sucked lemons, or taken an unusual amount of citrus fruits. The only medication she takes is thyroid tablets for weight control.

The abrasion extends to the gingival on the laterals and centrals, which is beyond reach of the lower incisors, still it stops on the cuspids where the lowers occlude. Also, there is a lack of wear on the lower incisors.

I did not see this patient until two years ago and she was not aware of the condition, although she had been attended by dentists regularly, indicating it probably was not too evident before that time.

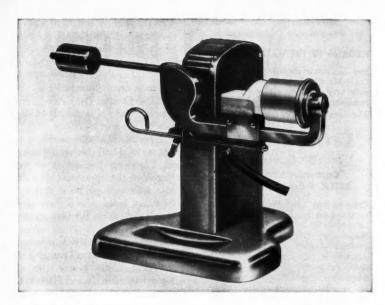
I constructed a palatal appliance (with labial arch wire), against which the lower incisors rest, to be worn at night.

I appreciate your department and thank you for your consideration of this case.—T.O.C., Minnesota

A.—I have studied the casts of your 20-year-old woman patient and discussed it with an orthodontist. Following are some of the observations I would like to make:

- 1. There is a class I relationship of the six-year molars on the left side and a class II relationship on the right side where there is an edge-to-edge bite of the six-year molars.
- There is a fairly deep overbite between the upper and lower anterior teeth.
- 3. There is marked abrasion on the lingual of all the anterior teeth (upper). On the lingual of the upper cuspids, there is a marked depression made by the lower cuspids.

(Continued on page 68)



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The lower incisors incline forward slightly and have a close contact with the lingual surfaces of the upper incisor teeth.

5. The gingival areas of the upper centrals and laterals give evi-

dence of decalcification.

6. In general, the casts do not give much visual evidence of abrasion on the lower incisors.

I believe that the condition is due to local and mechanical causes. The deep depressions on the lingual of the upper cuspids indicate intense mandibular activity. In many cases where there is a close relationship between incisor teeth, a patient develops an unconscious habit of jaw movement. The only explanation I can give of the decalcification on the labial of the upper centrals and laterals is the wearing of the appliance. Either because of movement or lack of cleanliness, wires can produce changes on the enamel they cover.

The lack of a comparable amount of abrasion on the lower incisors is difficult to explain. Since the lower incisors are inclined forward, it may be that the effect of the bruxistic habit is such as to influence the receptor of the activity rather than the initiator. Also, it may be that the upper incisors are not as resistant to abrasion because of a slight mouth-breathing habit which often dehydrates teeth and renders them less resistant to abrasion.

Since the problem appears to be primarily one of bruxism, I would suggest constructing a proper acrylic splint, 1/16 inch thick, to cover the occlusal surfaces of the

(Continued on page 70)



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upper posterior teeth. This splint should cover the full palate from the gingival portion adjacent to the anteriors to the areas just distal of the second molars. You can extend this acrylic slightly beyond the convexity of the buccal surfaces of the posterior teeth or utilize wires to attach this splint to the upper teeth. The portion toward the lower occlusal plane should be smooth to allow free movement of the mandible. The purpose is twofold: to decrease the abrasion taking place and to help open the bite to allow more space between the upper and lower anterior teeth. This appliance should be worn at night.

I would educate the patient to develop the highest type of home care. Since stannous fluoride application has proved helpful to adults, I would suggest such a treatment for this patient.

Finally, since bruxism is generally an unconscious activity, I would take pains to explain to the patient the necessity of keeping the teeth apart when not in use for mastication.

Stippling Dentures

Q.—Could you give me information as to how the dental laboratories stipple and tint their dentures? I thought that if it is not too difficult a task I would like to learn the procedure. Also, is it possible to stain a plastic tooth with brown streaks on the labial?—M.L.R., Iowa

A.—The stippling effect on den-(Continued on page 72)

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tures may be produced by stippling the wax model. One method for this is to lightly flame the labial and buccal flanges, then use a rather stiff brush—a tooth or denture brush—making an impression in the wax. The same effect can be produced by another method. Bend a round bur to make it eccentric and proceed to go over the surfaces which you desire to stipple.

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ANSWERS TO QUIZ 202

(See page 33 for questions)

- No. (Stibbs, G. D.: Cavity Preparation and Matrixes for Amalgam Restorations, JADA 56:475 April 1958)
- (b). (Levin, H. L.: The Effectiveness of the Steroids, Dental Digest 63:314 July 1957)
- True. (Doerr, R. E.: A Philosophy Regarding High and (Continued on page 74)

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1. BEHRMAN, S.J., FATER, S.D., GRODBERG, D.L. AN EVALUATION OF OXYGEN-ATING AGENTS IN THE TREATMENT OF GINGIVAL INFLAMMATION. J. DENT. MED. OCT. 1958.

2. ALVIN D. SENTER, B.S., D.D.S., M.S., A CLINICAL EVALUATION OF AN OXY-GENATING AGENT. ORAL SURGERY, ORAL MEDICINE AND ORAL PATHOLOGY. MAR. 1959.

3. DR. SANTIAGO MARTE RUESCA, SPAIN. TO BE PUBLISHED.



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Ultra-Speed Rotary Instruments, J. Mich. State D. S. 40:136 May 1958)

- No. (Adams, C. P.: The Design and Construction of Removable Orthodontic Appliances, Bristol, John Wright & Sons Ltd, 1955, page 104)
- (a), (b), (c), (d). (McCall, J. O. and Wald, S. S.: Clinical Dental Roentgenology, Philadelphia, W. B. Saunders Company, 1957, page 108)
- True. (Bishop, L. F.: The Relationship Between the Cardiologist and the Prosthodontist, J. Pros. Dent. 10:990 September-October 1960)
- Yes. (Wynder, E. L. and Fryer, J. H.: Etiologic Consideration of Plummer-Vinson Syndrome, Ann. Int. Med. 49: 1115 December 1958)
- (b). (Accepted Dental Remedies, 25th Edition, American Dental Association, 1960, page 140)
- Yes. (Weinmann, Joseph and Sicher, Harry: Bone and Bones, Fundamentals of Bone Biology, ed 2, St. Louis, C. V. Mosby Company, 1955, page 137)
- (b). (Glecker, W. J.: Subacute Bacterial Endocarditis in Old Persons, Geriatrics 15: 157 March 1960)



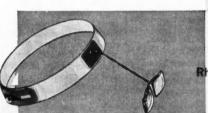
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DENTISTS



in the News

Wins Freedoms Foundation Award

For the fifth time, Doctor Charles F. McKivergan of Providence, Rhode Island, has won the Freedoms Foundation award. He was among 825 persons, organizations, and schools honored by the foundation "for their work in helping to bring about a better understanding and greater appreciation of the American way of life during 1960."

Doctor McKivergan was honored for an essay titled "The Constitution and 'We—the People.'" He does free lance writing as a hobby, and has sold hundreds of articles to publications.— Providence (Rhode Island) Bulletin.

Good Will Clinic For Colombia

Ninety-seven thousand doses of Salk vaccine and other drugs worth several thousand dollars were recently flown to Cartagena, Colombia, for good will clinics to be held by 20 Miami area physicians and dentists. Professional men who made the trip are members of the Greater Miami Dental Study Group and the Physicians' Forum. The trip grew out of a People-to-People program visit by Coral Gables officials and other citizens to Cartagena last November. The South American community became a "sister city" to Coral Gables.

Doctor R. L. Cherry, dental surgeon, was invited at that time to return and bring other physicians and dentists for discussions of procedures. Doctor Cherry has worked since then with professional groups in both cities and with Mario Iragorri, Colombian consul in Miami.

"We will have two full days of clinics with surgery for as many of (Continued on page 78)

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Cartagena's poor as possible, followed by lectures," said Doctor Cherry. The 97,000 doses of Salk vaccine

The 97,000 doses of Salk vaccine were donated by Variety Children's Hospital. Drug companies offered other drugs and a generous supply of vitamins.—Miami (Florida) Herald.

Send Help to Philippines

From the typhoon-wracked island of Samar in the Philippines, a brother of the religious order of Franciscans, Brother Victorian Wisniewski, of Cleveland, brought news of the good work accomplished through the aid of a small group of Cleveland dentists. Assigned to serve at the Franciscan mission in Calbayog, Samar, Brother Victorian was appalled by the stark, primitive living conditions on the Philippines' third largest but "most neglected" island. He appealed to his old Cleveland friend and family dentist, Doctor Henry E. Kelly, for help in obtaining sorely needed dental equipment. The word was

spread, and several members of the Cleveland Dental Society made a gift of a used dental chair, a drill operated by foot, some forceps, and other dental items.

The mission currently provides dental care for some 800 children of the mission school. Doctor R. J. Ludwig of Racine, Wisconsin, sends yearly gifts of supplies and drugs. And the mission clinic now has a woman dentist.

While on sabbatical leave, Brother Wisniewski and his Cleveland dental friends were looking for electrically operated equipment, and he has been promised a generator. — Cleveland (Ohio) Plain Dealer.

Collects World War I Aviation Books

Collecting World War I aviation books has been a good second best for Doctor Sterling Kleiser of Lebanon, Pennsylvania, since his eyes prevented him from being a flier. His (Continued on page 80)

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collection has become so complete, that one of his books has brought inquiries from the British Imperial War Museum. They have asked him for his HISTORY OF THE 56TH ROYAL AR FORCE SQUADRON, a typed manuscript history of the squadron since it was activated in 1916 to its dissolvment in 1922.

Doctor Kleiser says that interest in World War I fliers has increased about four-fold in the last few years. His collection, which started in 1932, has reached about 500 volumes. There are many special editions in his collection, but perhaps most prized is the Official History of World War I in the Air, a 10-volume set written from official records.—Harrisburg (Pennsylvania) Patriot News.

Loses 10,000 Dimes in Hunt for One

Doctor Kenneth W. Ford, of Baytown, Texas, needed only one valuable dime to complete an important part of his coin collection. While in Houston to visit an ailing friend, he stopped at a bank and bought \$1000 worth of dimes. He put two sealed sacks weighing 30 pounds each between the seat and the door of his pickup truck, and went to visit his friend in the hospital. When he returned to his truck, the windows were broken and the coins were gone.

The coin Doctor Ford was searching for is a 1916 Series D (for the Denver Mint) which is valued at about \$300 on the collector's market if it is in good condition. Said Doctor Ford ruefully, "This dime has already cost me \$1000 and I still don't have it."—Houston (Texas) Post.

Heads Employment for Handicapped Committee

The Mayor of Atlanta, Georgia, recently announced the appointment of Doctor Irving H. Goldstein, as chairman of the Greater Atlanta Committee on Employment of the Physically Handicapped. — Atlanta (Georgia) Constitution.

(Continued on page 82)

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MULLEN BROTHERS 6803 South Chicago Ave., Chicago 37

Performs Dental Mission in Honduras

This Spring Doctor David E. Howell of Alliance, Ohio, spent a month taking care of the dental needs of the residents of Concepcion del Norte, a mountain community in Honduras.

During a speech sometime ago at the Immanuel United Church of Christ in Alliance, Miss Magda Kroehler, a missionary nurse who operates a medical clinic in Honduras, stressed the desperate need of residents of the Concepcion area for dental care. Doctor Howell offered to help out on a temporary basis. He is making the trip at his own expense, and the Alliance church organizations contributed the dental supplies. To reach Concepcion, Doctor Howell traveled by plane, truck, and mule.-Canton (Ohio) Repository.

Inventor and Researcher

Doctor Henry W. Walden of New York, now 77 years of age and retired from the practice of dentistry, holds 65 patents (with 17 more pending) for discoveries ranging from a ballpoint pen recharger to an artificial heart. He has also made important contributions to aviation. He built the first American monoplane on December 9, 1909, and the first radio-guided aerial missile in 1915. Models of both are in the Smithsonian Institution. The directional controls he invented for his 1915 missile are the same as those used today. The story of his half century of pioneering in aviation was told by Doctor Walden in the November and December 1958 issues of ORAL HYGIENE.

At various times he broke numerous ribs, his collar bone, right ankle, and toe; he suffered cuts, bruises, and loss of consciousness, and was paralyzed. But he never stopped inventing and flying. The Walden IX monoplane brought him some of his wounds, and almost made the newborn United States air mail service a footnote in history.

The incident took place 50 years ago during the ceremonies attending the initial air mail flight. Doctor Walden agreed to perform with his monoplane for \$100, and he won tremendous applause by soaring to 7000 feet. The manager persuaded him to do an encore. Again he flashed upward, and was on his way down when he was caught in the backwash from a twin-engine biplane. The light monoplane was sent crashing to earth -and Doctor Walden was paralyzed from the waist down for several days. This sensational crackup stole the headlines. - New York World-Telegram.

Awards for items submitted for this month's DENTISTS IN THE News have been sent to:

Mrs. Edith Charland, 102 Waterman Street, Providence, Rhode Island

Martha W. Brock, 11261 South West 30th Street, Miami 55, Flor-

Thomas McAfee, Box 69, London, Ohio

Clifton S. Bachman, Box 362, Milton, Pennsylvania

Mary Jane DeFoar, Route 4, Rusk, Texas

Mrs. Ethel C. Fuller, 204 Jefferson Terrace, East Point, Georgia

Hyman Denenberg, 327 Snediker Avenue, Brooklyn, New York

Mrs. Ursula Erickson, 8920 West 28th Street, Minneapolis, Minnesota

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Lavoris mouthwash helps you work 3 important ways.

1. "Cuts" Mucus Film. A rinse with full-strength Lavoris before an impression helps clear away mucus, prevents air bubbles. Many dentists now use Lavoris this way routinely.

2. Keeps Operative Area Cleaner. Lavoris' unique cleansing action effectively and thoroughly cleans away mucus, food particles and impuri-ties. Use Lavoris Spray ½ strength or stronger. (Wouldn't you rather work in a Lavoris-clean mouth?)

3. Helps Promote Patient Comfort. To nervous patients, even minor discomforts loom large. The pleasant taste and feel of Lavoris refreshes, helps keep them at ease. The bright red color of Lavoris helps mask minor hemorrhage.

CLEANSING • REFRESHING

used by more dentists than any other mouthwash!

PROFESSIONAL GALLON SIZE, ONLY \$2.50 Send check to LAVORIS, VICK Chemical Co., Division of Richardson-Merrell Inc., Box 8155, Phila., Pa. Samples for office and patient use available on request.



DOCTOR...DO YOU KNOW THE

FACTS

ABOUT BENZODENT®?

10 YEARS OF CONSISTENT SUCCESS

The first product specifically formulated to answer the needs of modern dentistry for denture break-in without discomfort or anxiety, Benzodent has met the test of time since its introduction in 1951. Clinical tests of the effectiveness of this original multi-purpose aid to denture adjustment—with combined antiseptic, analgesic, and adhesive action—have been substantiated by widespread and constantly increasing use.



You pay less for the best — as Benzodent now comes in the widest choice of sizes to suit the needs of every practice. Space-saving carton of 36 four-gram tubes at \$9 gives lowest pennies-per-patient cost. Also available from dental dealers: units of 12 four-gram tubes (\$3.50), six ¼-ounce tubes (\$3), single one-ounce tube (\$1.50).

THOUSANDS OF SATISFIED DENTISTS

The only product of its kind that can be relied upon for simultaneous denture stabilization and pain relief is how Benzodent is regarded by the countless dentists using it routinely with new, immediate, and partial dentures.

TENS OF THOUSANDS OF HAPPY PATIENTS

Confidence and cooperation result as Benzodent comfortably encourages consistent denture wear during the break-in period, curbs post-insertion complaints and demands for emergency attention and needless trimming. The results are better control of return-visit schedules, reduction of unbillable chair time, greater patient appreciation of fine prosthetic work.

> ARE YOU USING BENZODENT TO ACHIEVE HAPPIER PATIENTS AND A HEALTHIER PRACTICE?

If not, order Benzodent from your dealer today, with an unconditional guarantee of full refund if not satisfied. Or write for a

professional test package:



PETER, STRONG & CO., INC. 207 EAST 37 STREET

NEW YORK 16, N. Y.

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I think that I shall never see A girl refuse a meal that's free; A girl with hungry eyes not fixed Upon the drink that's being mixed; A girl who doesn't like to wear A lot of junk to match her hair; But girls are loved by guys like me 'Cause I don't like to kiss a tree.

Man: "Yes, I used to be in politics myself. I was dogcatcher in my town for two years but finally lost the job."

Friend: "What was the matter? Change of mayors?"

Man: "Nope, I finally caught the dog."

Two men fishing on a Sunday morning were feeling pretty guilty. One said to the other: "I suppose we should have gone to church."

Second (lazily): "Heck, I couldn't have gone to church anyway. My wife is sick in bed."

The bus was crowded when the young lady got on and a soldier attempted to rise. She pushed him back gently and he tried to rise once more. "No, no, thank you," she mur-

mured, pushing him back again.
"Please let me get up lady," he protested. "I'm two blocks past my stop now."

Annoyed by her young daughter calling her boy friend so often, the mother took war-time measures and hung a "Is this call necessary?" sign on the phone. Glancing at the sign a short time later, she found penciled on it: "How can I tell 'til I've made it?"

Teacher: "Tom, if I take 26 from 100, what's the difference?"

Tom: "Yeah, that's what I say. Who cares?"

"Hóney," said the woman coyly, "how are we going to celebrate our twenty-fifth wedding anniversary?"

"What would you think," murmured her husband, "of five minutes of silence?"

The little girl was lying in bed, her teeth chattering and her feet sticking out from under the covers.

Mother: "Good heavens. Put your feet under the blanket."

Child: "Uh-uh, I'm not putting those cold things in bed with me."

If all the freshmen in the world were placed in a line holding hands, they would reach more than halfway across the ocean.

A lot of people are in favor of this scheme.

First steno: "Right when I am busiest with my plans for a big wedding, I have an argument with my fiance."

Second steno: "Is he objecting to such a big wedding?"

First steno: "Worse than that. He wants to break the engagement."

Two mice were launched in a Cape Canaveral missile.

"I'm scared," said the first mouse as they whizzed along. "This space travel is dangerous."

"Yeah," said the second, "but it beats cancer research."

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WHAT'S NEW

IN PRODUCT DESIGN— FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Plastic Inlay Syringe—Surgident; barrel and plunger are molded of plastic. Will not give sensation of heat to patient. Available in 3 colors, enabling dentist to color code, using one color for 23 gauge needle, another for 19 gauge if needed. Surgident, Ltd., 3871 Grand View Blvd., Los Angeles 66, Calif.

Bite Tray—Directa; for taking either alginate or rubber base impressions and for recording bites. Anatomical, curved to fit mouth, and shorter on lingual side so as not to cut or abrade mouth tissue. Packed in boxes of 12. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

Precision Parallelism — Jermyn Parallaid; an unique tool engineered to ensure parallel preparations. Eliminates guesswork, mechanical pulp exposures, bleeding gums around crown and bridge preparations. Insert any hand-piece, set it for desired angle, and proceed with confidence. The Williams Gold Refining Co., Inc., Buffalo 14, N.Y.

Bonderizing Beads—Reten; consists of round plastic beads that are applied to wax surface of crowns, inlays, bridges, etc., with aid of special easy-to-use adhesive. Gives cast metal reproduction bonderizing surface that provides a gripping area to which plastic or porcelain can adhere. Available in two sizings. Lang Dental Mfg. Co., 828 West Montrose Ave., Chicago 13, III.

Wedge Holder—Wizard; to be used in conjunction with Wizard Wedges. New contra-angle design enables easy insertion of Wedges in interproximal spaces in extreme posterior regions, both upper and lower, lingually and buccally. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Dental Mirror—Feather-Lite; a disposable mouth mirror. Features a water-white crystal-clear optical plastic lens. Replacement lenses simply snap into position in handle. Flexible plastic handle can be bent, with use of heat, to fit any special angular requirement. Introductory kit available. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Crimp-Lock — A new method that increases the efficiency of Tofflemire Retainers. Eliminates need of leaving retainers in mouth while packing amalgam fillings and allows packing a quadrant of amalgam fillings at one time. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Straight Handpiece—Emesco; new turbine handpiece switchover and low-speed air turbine straight handpiece makes it possible to obtain every desired speed from a low of 2,000 rpm to a high of 350,000 rpm. Switchover holds any two handpieces ready for instant use. To shift operation from one handpiece to other, all that is needed is to push button. New low-speed handpiece is intended for use in prophylaxis and other low-speed work. Operates from 2,000 to 30,000 rpm with full torque. Emesco Dental Co., 150 Fifth Ave., New York 11, N.Y.

Air Turbine—Union Broach; with magazine lubrication. Embodies two interchangeable heads, miniature and standard. Entirely non-electrical. Available in stationary model, bracket portable model, and mobile model. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

Bonus Pacs—14 boxes Kerr Impression Compound Cakes for prices of 12; 7 boxes Kerr Impression Compound Sticks for price of 6. Kerr Mfg. Co., Detroit 8. Mich.

(Continued on page 88)

just 4 drops (concentrated)

add your own water (economical) for one-fourth glass of mouth wash



refreshing flavor—deodorizing—cleansing—mildly astringent

Astring-O-Sol® Mouth Wash

American Ferment Division, Breon Laboratories Inc., N. Y. 18, N. Y.

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YOU CAN ALWAYS DEPEND ON...

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THE J. M. NEY COMPANY HARTFORD 1, CONNECTICUT

Cleaning Solutions — Three specialized cleaning solutions for a wide range of ultrasonic applications: L & R No. 222, a waterless, ammonia-free solution; L & R No. 112, ammoniated and ideal for removal of gummed oil and grease, waxes, fluxes, etc.; L & R Hydro Sonic Concentrate, when diluted with 7 pints of water will produce a gallon of solution capable of instantly removing all water-soluble soils, compounds, cutting oils, etc. L & R Mfg. Co., 577 Elm St., Kearney, N.J.

Bite Trays — Rite; extra large to meet demand for larger size tray so that a greater bite area may be covered. Interstate Dental Co., Inc., 220 West 42nd St., New York 36, N.Y.

Investment — Ceramvest; for casting high fusing gold in porcelain-fused-to-gold techniques. Special kit includes 14½-lb. can Ceramvest; 116-oz. bottle Ceramvest Liquid; 1 roll asbestos; 1 liquid measuring vial. Kerr Mfg. Co., Detroit 8. Mich.

Instrument Sharpening Guide — E.L.K. Rotary Hone; may be attached to any Doriot-type straight handpiece. Speed of rotation is optional within limits of removing desired amount of material and not overheating instrument that is being sharpened. E.L.K. Rotary Hone, 3705 N. 92nd St., Milwaukee 22, Wis.

Preformed Ligature Wires—Ormco; are time savers, cut to fit standard ligature tying pliers with ample length. Packaged in time-saving plastic tube dispensers. Sanitary and convenient. Orthodontic Research & Mfg. Corp., 816 Dodsworth Ave., Covina, Calif.

Plastikarvers—New "six set" includes 5 different burs and a duplicate of the multiple-purpose large fiame. For every drilling or contouring operation. Available in a dust-proof transparent plastic case with hinged lid. Yates Mfg. Co., 340 W. Huron St., Chicago, Ill.

Color Selector Kit — Polychrome Color Selector; primarily developed to offer user opportunity to select and blend tooth colors; also to arrange anteriors easily and instantly for study. In elastic holder that simulates a denture base. Holder allows teeth to be overlapped, rotated, tilted, and tipped so that coloration, highlighting, and characterizations appear as they will in finished case. Universal Dental Co., Philadelphia 39, Pa.

Opaquers — Lang's Jet Opaquers; come in kit containing combination of 5 powder colors, plus a liquid for blending into a thin creamlike mix. When painted over cast metal base, prevents show-through of base, giving more natural look to plastic veneer. Once set it will not flow when plastic veneer is applied. Lang Dental Mfg. Co., 828 W. Montrose Ave., Chicago 13, Ill.

Electronic Instrument—Dolophone; is a miniaturized, transistorized, and self-powered instrument that measures the minute electrical changes in patient's fingertips resulting from pain or apprehension. Allows user to work in sensitive areas with minimum discomfort to patients. Sensing unit is a pair of small ring-like fingertip electrodes applied without liquid or paste. Biophysical Research Associates, 2200 Colorado Ave., Santa Monica, Calif.

Cleaning Solutions — Denson; a full line of ultrasonic cleaning solutions for dentists and laboratories. Includes Denson Plaster, Stone, and Investment Remover, Denson Tartar and Stain Remover, Denson Wax and Compound Remover, Denson General Purpose Cleaner. L & R Mfg. Co., 577 Elm St., Kearny, N.J.

Impression Trays — Individual plastic trays that can be molded either on a model or in mouth. Return to solid state after cooling. Supplied with practical metal handles. General Approved Products, 920 Walnut St., Philadelphia 7, Pa.

Endodontic Kit — A complete unit of files, reamers, silver points, root canal cement, and other necessary accessories for complete endodontic treatment. Star Dental Mfg. Co., Inc., 58th & Market Sts., Philadelphia 39, Pa.

Clamp—De Matrix Clamp; for single, multiple, and quadrant filling of teeth. Rapid, easy application, eliminating bulk in mouth and permitting a better view of operation. DeDental Products, 3264 Foothill Blvd., Oakland 1, Calif.

Reformer — A small, flexible piece of plastic shaped to gingival margin contour and used to reproduce original contour of tooth in a gingival filling. Before preparation, a little green stick compound is applied to Raformer, and a buccal or labial impression is taken. Pascal Co., Inc., 231 Dexter Ave., Seattle 9, Wash.

(Continued on page 90)

NEY balanced line GOLDS

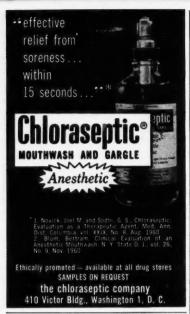
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THE J. M. NEY COMPANY HARTFORD 1, CONNECTICUT

OBAL HYGIENE . JULY 1961 89



Amalgam Guns—Stainless, lever type; double end regular model combines large size and regular size tip in one instrument. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

Amaigam Carriers—Improved, plunger type; with plastic handle, spring action. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

Acrylic Trimmers—Diarit; cut quickly and cleanly. Fabricated using synthetic stones embedded in metal body for long durability at either high or normal speeds. Can be used for acrylic, steel, gold, or porcelain, leaving smooth surface. Designed for cool cutting. Medidenta, 1420 Sixth Ave., New York City, N.Y.

Liquid Cleanser — Unisol; is 100% active, instantly soluble. A super concentrate that cuts cleaning costs. Features controlled measure Volumet container, a dispenser that delivers exact amount of liquid for full-strength wash solutions with push of button. Shuco Scientific, Division of Schueler & Co., 75 Cliff St., New York 38, N.Y.

Investment — Solder-Brite; designed especially for soldering low fusing or conventional golds. Desired mix obtained by varying the water/powder ratio from 30/1000 to 34/1000 with affecting physical properties. Expands uniformly to assure precision fit. Will disintegrate readily when quenched, with end result a bright, clean, solder joint. The Ransom & Randolph Co., Toledo, Ohio.

Mobile Air Turbine — Sterling; with variable speed foot control. Can be moved in seconds. One unit serves all needs. Plugs quickly into air supply; no electrical connections. Self-contained water supply. Operates at all normal air turbine speeds. Claudius Ash, Sons & Co., Inc., 2730 Pine Ave., Niagara Falls. N.Y.

Incubator — New, compact, for endodontic cultures. Assures sterility of root canals quickly and accurately. Designed to be kept in operatory. Holds 7 culture tubes. Novocol Chemical Mfg. Co., Inc., 2911 Atlantic Ave., Brooklyn 7, N.Y.

Posterior Teeth — Shade B now available in Myerson's new Synchronized multifired porcelain posteriors; also in Myerson and Sears posterior teeth. Is a really dark shade for older denture patients or for heavy smokers. Myerson Tooth Corp., Cambridge, Mass.

(Continued on page 92)



TECHNIQUE
You will be thrilled to see how solid dentures can become when the occlusion is in balance and pressure on RIDGES and CONDYLES are evenly distributed.

Try this on any problem case. This method is taught in University extension courses and is highly recommended by dentists.

Bat. Bubble kit, dye, milling paste, \$37.50

Separate dye and milling kit only—\$5.00

Separate dye and milling kit only—\$5.0
10-DAY FREE TRIAL!

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MODERN DENTURE RESEARCH CO.
5880 Hollywood Blvd., Hollywood 28, Calif.



1. Attach "Balance Bubble" plates to upper and lower Dentures with sticky-wax.

Set Dentures in patient's mouth with latex bubble



Close on bubble. (note tooth contact). Spot grind the dyed Apply milling paste to lower teeth.

6. Mill to area centric while dentures are seated by air hubble



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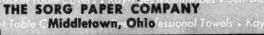
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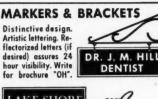
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Ace-O-Matic Furnace — for high fusing porcelain. Features three-way control and is equipped with a variable voltage control which permits a pre-set temperature either fast or slow. Constructed of durable heavy gauge aluminum. Barkmeyer Electrical Mfg. Co., 12690 4th St., Yucaipa, Calif.

Support Hose — Supp-Hose; provides two-way compression that aids in leg circulation and relief from leg fatigue. All-nylon construction. Available for women and men. Dental Appliance Co., Box 256, Canton, Ohio.

Plastic Teeth — Imperial; colors have natural organic reality. Shade matching is brought to a new exactness and ease. Tonal gradations blend delicately without a perceptible break. H. D. Justi & Son, Inc., Philadelphia 4, Pa.

Buccal Tubes — Ormco; designed to eliminate the food trap. Incorporated also are built-in distal extensions and elastic and tie wire. Made of Chromel, a chrome alloy. Orthodontic Research & Mfg. Corp., 816 Dodsworth Ave., Covina, Calif.

(Continued on page 94)



RAY FOSTER

8" MODEL TRIMMER

1/3 H.P. motor for max. power; 8" reversible carborundum wheel; full back-up plate of cast aluminum; 12½" high, 11½" deep, 11" wide; sealed in permanent round rubber gasket—No sealing compound necessary.

Now available for all Foster Model Trimmers: a rubber water faucet connection that can be installed without cost.

RAY FOSTER DENTAL SUPPLIES

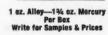
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Convenient—Saves Time—Economical— No Pellets to Crush—No Dispensers to Adjust Used in West Coast Schools of Dentistry 25 Years



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veep a supply of Duz-All on hand for every day use in your office. This all-purpose, self-curing, time-tested acrylic material is a great convenience in repairing broken teeth and dentures, making individual impression trays, constructing immediate temporary partials, etc., etc., etc.

You'll agree that there is nothing better than Duz-All for serving patients who are in a hurry...for saving time...for avoiding embarrassment...

For over 15 years, other self-curing materials have come and gone, while Duz-All remains unmatched for its ability to help you provide immediate, practical, dependable service to your patients. Available through your dealer...at reasonable cost. Write for full details.

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Let us send you one of our famous small Red Cups and a postage-paid mailing bag. Fill the cup and return it. We'll send you \$1. plus 10¢ certificates for Mercury and Superb Silver Alloy. It's quick, it's easy and because the cup holds exactly 4.37 Troy oz., your total return is over 27¢ per Troy oz.!

BULK SHIPMENT:

Ask for our bulk mailing bag that holds up to 6 lbs. We'll pay you 23½¢ per Troy oz. plus 10¢ certificates for Mercury and Superb Silver Alloy for each dollar value—a return of more than 28¢ per Troy oz.!

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Window Sign—An illuminated window sign designed for the professional man. Framed in a stipple grey wooden case, sign is 6½" x 15¾". Depth of case is 4½" so that it may be placed on any window sill for exterior visibility. Arjay Display Products, Box 1473, Hartford, Conn.

Audio-Analgesia—Stereo Dental Package; consists of white noise generator, specially designed dental analgesic stereophones, wall hanger for phones and a hand-held control box for patients. Relaxes patients and materially raises the pain threshold. Koss, Inc., Milwaukee, Wis.

Audio-Analgesia—Sona-Dent; reduces both pain and apprehension. Based upon a specially designed noise generator which produces a noise similar to that of a waterfall. Used in conjunction with musical monophonic or stereophonic tape recorders. Detroit Electronic Corp., 13000 Capital Ave., Oak Park, Mich.

Dental Stool—Norelco; designed for all bases and fits any dental chair. Swiveljoint permits complete 270° rotation. Specially designed thrust bearing provides effortless tiptoe manipulation of stool. North American Philips Co., Inc., 525 West 52nd St., New York 19, N.Y.

Dynajust Chair—Ritter; exclusive multi-position power and fluid float seating. Clips on any of 3 convenient locations, or select own locations. Smoothly raises or lowers chair, and tilts the back forward or backward. Available in two types. Ritter Co., Inc., Rochester, N.Y.

Ultrasonic Cleaner — System Thirty; new one-pint capacity cleaner at low price. Will clean small elements rapidly; working compartment measures 3%" x 3%" x 3" deep. Features a broad band frequency modulated circuit which eliminates need for automatic tuning. Ultrasonic Industries, Inc., Plainview, L.I., N.Y.

Orthodontic Equipment—Rocky Mountain Machines for Chrome Alloy Orthodontics; refinements in circuitry, mechanics and design. Transformer circuits or capacitor circuits, or a blend of both, are available; also choice of single-purpose or multi-purpose units. Rocky Mountain Metal Products Co., Denver, Colo.

NEW Precise-fitting mouth guard for athletes

ORYL-GARD

Oryl-Gard B (Upper)
Protective mouthpiece for boxing and football

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Oryl-Gard F (Lower)
Protective mouthpiece
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PAT. PENDING

"NEW TYPE MOUTHGUARD" available through the dental profession

We have told thousands of high school and college coaches the IMPORTANCE of having dentists professionally fit ORYL-GARD protective mouthpieces.

... and that accurate fitting can BEST be accomplished by a dentist.

It requires only a few minutes to fit ORYL-GARD. The specially compounded, extra tough, thin flexible plastic shell, is filled with a velum type plastic and fitted over the LOWER TEETH. The bite is closed to register comfortable occlusal contact while the material sets.

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- The fast, easy technique is described in the ORYL-GARD manual.
- Complete fitting is done in the dental office or school gym. No laboratory work is necessary.
- It's easier to breath when wearing ORYL-GARD.
- Fits with impression accuracy.
 Will not fall out.
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- No excessive bite opening. All teeth in register, which protects against dangerous "upper cut blows."

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S-C ETHYL CHLORIDE

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Old, reliable, yet new as tomorrow. Instant pain relief after extractions. Helps prevent infection and dry socket.

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Send me the special offer of 1 bottle S-C Ethyl Chloride and 1 bottle S-C Socket Balm at the get-acquainted price of \$1.55 for both.

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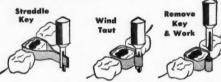
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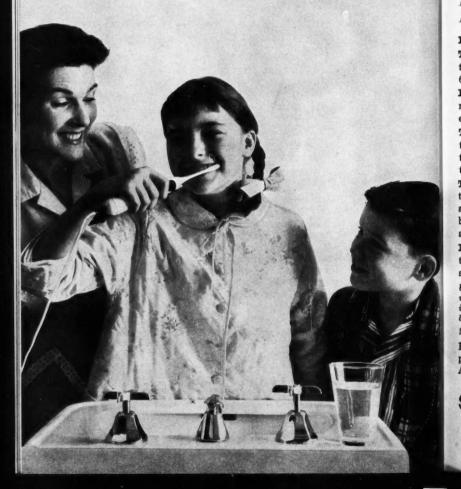
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Vitomin	O DESCRIPTION OF THE PERSON OF	400 U.S.P. Units
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(Each lozenge yields 1.0 mg. of fluoride ion.)

The lozenge is slowly dissolved in the mouth—supplying sodium fluoride for topical application.

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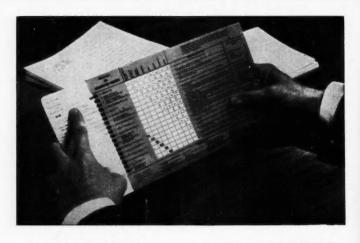
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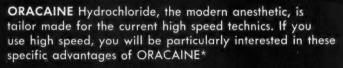
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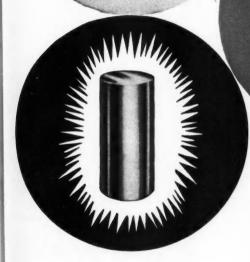
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Surgical removal mandibular impacted	
third molar	26
Surgical removal, tingual tori, right	-
and left mandible	2
Removal of hyperplastic tissue in muco-	
buccal fold mandibular Surgical removal, maxillary impacted	,
third molar	2
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1. Chasko, W. J.: J. District of Columbia Dent. Soc. 31:3, No. 5, 1956. *U.S. Pats. 2,628,185 and 2,907,768.

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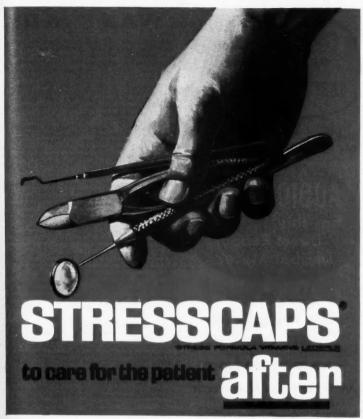
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Average dose: 1 to 2 capsules daily.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.



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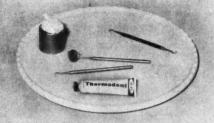
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(Continued on page 124)



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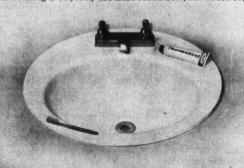
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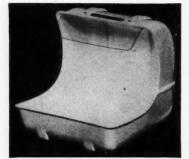
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1. Fitzgerald, G.: Dental Digest 82:494 (Nov.) 1956. 2. Abel, I.: Oral Surg. 11:491 (May) 1958. 3. Toto, P. D.; Staffleno, H., and Gargiulo, A. W.: J. Periodontology 29:192 (July) 1958.

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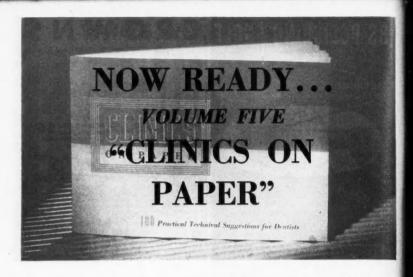
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